EXHIBIT 200

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF OHIO EASTERN DIVISION

IN RE NATIONAL PRESCRIPTION OPIATE
LITIGATION

Case No. 17-md-2804

This document relates to:

All Cases

DISCOUNT DRUG MART, INC. RESPONSES TO PLAINTIFFS' FIRST SET OF INTERROGATORIES

Time frame used is 2006 through the present in all responses, unless otherwise noted.

INTERROGATORIES

Interrogatory No. 1. Please Identify the name, address, and DEA registration number of each of Your distribution centers that shipped Opioids or Opioid Products to Customers in Ohio between January 1, 1990 to the present. Your answer should include any licensed or unlicensed distributor which you have an ownership interest in, as well as any non-owned distributors who shipped or delivered Opioids or Opioid Products on your behalf.

RESPONSE:

Discount Drug Mart 211 Commerce Drive Medina, OH 44256 1331 PD0203377

Interrogatory No. 2. Please identify all pharmacies that You shipped Opioids or Opioid Products to in Ohio between January 1, 1990 to the present. Your answer should include any licensed or unlicensed distributor which you have an ownership interest in, as well as any non-owned distributors who shipped or delivered Opioids or Opioid Products on your behalf.

RESPONSE: (limited to Summit and Cuyahoga Counties) 15412 Detroit Avenue, Lakewood, OH 44107-3830 Cuyahoga Cuyahoga 24485 Lorain Road, North Olmsted, OH 44070-2168 27300 Detroit Road, Westlake, OH 44145-2229 Cuyahoga Cuyahoga 17815 Puritas Avenue, Cleveland, OH 44135-3819 Cuyahoga 4170 Fulton Road, Cleveland, OH 44144-1800 Cuyahoga 6160 Brecksville Road, Independence, OH 44131-1504 3889 East 71st Street, Cleveland, O 44105-7305 Cuyahoga Cuyahoga 8191 Columbia Road, Olmsted Falls, OH,44138-2023 Cuyahoga 725 East 200th Street, Euclid, OH 44119-2501 Cuyahoga 6476 York Road, Parma Heights, OH 44130-3032 6148 Dunham Road, Maple Heights, OH 44137-4786 Cuyahoga 13123 Detroit Avenue, Lakewood, OH 44107-3005 Cuyahoga 5500 Wallings Road, North Royalton, OH 44133-3042 Cuyahoga Cuyahoga 765 Alpha Drive, Highland Hts., OH 44143-2166 Cuyahoga 13919 Prospect Road, Strongsville, OH 44149-3833 Summit 4044 Fishcreek Road, Stow, OH 44224-5402 Summit 655 Portage Trail, Cuyahoga Falls, OH 44221-3001 Summit 711 Canton Road, Akron, OH 44312-2618 Summit 5863 Darrow Road, Hudson, OH 44236-3839 Summit 3100 Glenwood Blvd., Twinsburg, OH 44087-1271

Interrogatory No. 3. Please identify each Person in Your sales or marketing departments whose direct or indirect responsibilities included the sales and/or distribution of Opioid or Opioid Products in Ohio from January 1, 1990 to the present.

Your answer should include any of Your executives or officers having direct reports whose sales or marketing responsibilities included Ohio.

RESPONSE: No one in our sales or marketing departments have/had direct or indirect responsibilities related to the sale or distribution of Opioid or Opioid Products.

In conjunction with Request for Production No. 34 please identify any orders You received that were at any point identified as a possible Suspicious Order. For each of these possible Suspicious Orders provide:

- a. the date of said Suspicious Order and the Customer's Identity and address;
- b. a description of said order;
- c. whether said order was reported to the DEA;
- d. the due diligence You performed;
- e. the date of any halt and/or suspension order;
- f. the date said order was shipped or fulfilled; and
- g. the basis for the determination that said order was suspicious.

RESPONSE: None.

Interrogatory No. 5. Please Identify any Persons employed by You, or who received compensation from You, including any former employees, who reviewed or analyzed data regarding the distribution and/or dispensing of Opioids or Your Opioid Products, including data regarding prescriber, dispenser or Customer histories and trends for the state of Ohio from January 1, 1990 to present.

RESPONSE:

Tom Nameth Jill Strang Jason Briscoe Pete Ratycz

Interrogatory No. 6. Please Identify any data, including the source of that data, that You either currently use or previously used to study, review, or analyze the distribution and/or dispensing or use of Opioids or Opioid Products, including data regarding prescriber, dispenser or Customer histories and trends, and the Persons or entities who provide(d) that data.

RESPONSE:

Distribution History (from John III database)
Receive History (from Condor and PioneerRx pms)
Store Dispensing (from Condor and PioneerRx pms)

Interrogatory No. 7. Please Identify all pharmaceutical industry associations or organizations that provided education, information, services or had any involvement with the use, safety, efficacy, production, marketing, sale, dispensing or distribution of Opioid and/or Opioid Products that You are or were a member of, or to which You provided financial or other support, from 1990 to present. Additionally, Identify what if any positions Your employees, officers, or directors have held with any such organizations from January 1, 1990 to present.

RESPONSE: NACDS (no officer positions have been held by DDM employees)

Interrogatory No. 8. Please Identify any Customer, including any

Defendant in this case, to whom You provided (by sale or otherwise) data regarding the

distribution and/or dispensing of Opioids or Opioid Products, and describe in detail the

data You provided and the date that You provided the data. Plaintiffs limit this request

to the state of Ohio from January 1, 1990 to present.

RESPONSE: None

Interrogatory No. 9. Please Identify all companies or Persons with whom

you contracted or integrated with in order to assist any Customer with pharmacy

automation, inventory, shipping, billing or claims submission relating to Opioids or

Opioid Products.

RESPONSE: Condor and PioneerRx (pharmacy management systems)

Interrogatory No. 10. Please describe any marketing, branding, or

advertising services that You provided to any Customer, including web based, mobile,

or in-store advertising or marketing support. For each such marketing or other service or

solution You provided, Identify the Customer to whom You provided the services and

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the dates during which You provided the service or solution.

RESPONSE: None

Interrogatory No. 11. Please describe any supply chain services, supply chain management, supply chain safety, pharmacy services, provider and patient engagement programs, clinical trial support, patient assistance programs, co-pay assistance, coupon, reimbursement services, analytics, inventory management, data reporting, new product launch and chargeback administration, pharmacy management services, pharmacy benefit management solutions, medication therapy management and patient outcomes services or other services related to Opioids or Opioid Products that You provided to any Customer.

RESPONSE: None

Interrogatory No. 12. For each Customer who purchased or otherwise acquired Opioids and/or Opioid Products from You from January 1, 1990 to the present, please Identify that entity's threshold and/or Controlled Substance limit at the time of the Order and Identify all personnel who were responsible for establishing and/or approving any threshold or Controlled Substance limit as well as any overrides or modifications to any threshold or Controlled Substance limit for each such Customer.

RESPONSE: None

Interrogatory No. 13. Please Identify the date and location of each DEA or Ohio Board of Pharmacy meeting, training, information or education session, or briefing provided to You by the Diversion Control Division, or any other DEA or Ohio Board of Pharmacy employee(s), related to the distribution and/or dispensing of Controlled

Substances, and Identify all Persons who were present for each meeting, training, informational or educational session and/or briefing.

RESPONSE: Too numerous to list here. The OBBP sign in sheets will be produced and identified with our document production this week.

Interrogatory No. 14. Please Identify all Persons who were responsible for administering, overseeing, developing, and/or implementing any and all policies, procedures, systems or programs designed to detect and report Suspicious Orders or to maintain effective controls against diversion of Controlled Substances from January 1, 1990 to present. This includes but is not limited to, Persons responsible for review, verification, approval and release of Suspicious Orders or orders of interest, as well as all Persons with the ability to override any system, from January 1, 1990 to present. For each Person listed, please provide their title and the time frame in which they served in a relevant position.

RESPONSE:

Tom Nameth
PJ Ferut
Jill Strang
Jason Briscoe
Pete Ratycz
Keith Miller

Interrogatory No. 15. Please Identify any contribution or payment You have provided to any 501(c)(3) organization, 501(c)(4) organization, Healthcare Distribution Management Association (HDMA), Healthcare Distribution Alliance (HDA), National

Association of Chain Drug Stores (NACDS), National Association of Attorneys General, Republican Attorney General Association, and Democratic Attorney General Association and Federation of State Medical Boards from January 1, 1990 to present. This includes when the contribution/payment was made, the amount, and to whom it was made.

RESPONSE: Only annual dues to NACDS:

12/09/2009	\$13,503.50
12/13/2010	\$13,305.50
1/23/2012	\$15,308.00
7/05/2012	\$1,280.00
11/19/2102	\$15,730.00
12/16/2013	\$15,834.00
5/04/2015	\$15,834.00
2/10/2016	\$17,420.00
11/2/2016	\$18,460.00
1/17/2018	\$19,045.00

Interrogatory No. 16. Please Identify each Person, other than a Person intended to be called as an expert witness at trial, who likely has discoverable information that tends to support a position or defense that You have taken or intend to take in this action and state the subject matter of the information possessed by that Person. This Interrogatory is intended to include but not be limited to any basis or claim You believe in any way limits your duties as set forth in 21 U.S.C. §823(e),21 C.F.R. §1301.74(b), 21 C.F.R. §1301.71(a), and/or 21 C.F.R. §1306.04(a). Please also Identify any Documents that would support this position as well as the custodian of said Documents.

RESPONSE: Objection. Overly broad, unduly burdensome and ambiguous. Without waiving the objection, it is our belief that any potential witness described in this interrogatory are already named in these responses.

Interrogatory No. 17. Describe in detail the corporate history of Your entities, parent companies, subsidiaries and/or divisions that have, or have had, any role in the manufacture, marketing, sale, dispensing and/or distribution of Opioids or Opioid Products from January 1, 1990 to present, including the name of the entity, the relationship to Discount Drug Mart, dates of acquisition or changes in relationships, and Identify the Persons or entities who hold or have assumed any known or unknown liabilities of each such entity, subsidiary, or division in relation to Opioids or Opioid Products.

RESPONSE:

Discount Drug Mart, Inc.

- incorporated August 13, 1968
- regional drugstore chain (Ohio only)
- · distribution facility does not have Schedule II license
- · distributes only to our wholly owned pharmacies

Immediate Pharmaceutical Services, Inc.

- incorporated April 2, 1985
- sold 2008
- mail order prescription pharmacy dispensing maintenance medications
- · did not have a Schedule II license

Interrogatory No. 18. From January 1, 1990 until the present, has any state Board of Pharmacy or any city or county or multi-district administrative agency investigated or instituted an adverse action or filed a complaint against You concerning Your distribution of Controlled Substances? If so, identify:

a. the state Board of Pharmacy or other government entity;

b. the nature of the action(s) or complaint(s);

c. the date the action began or complaint was filed or served on You;

d. the final outcome if completed or resolved; and

e. the location of the action and any identifying number.

RESPONSE: None

Interrogatory No. 19. Please Identify any and all of Your current and/or

former employees who have ever been employed by the DEA, FDA or any Federal or

Ohio governmental entity. For each such Person, state their position, job description and

dates of employment at the governmental entity and with You.

RESPONSE: None of which we are aware.

Interrogatory No. 20. State whether You have ever had any involvement,

role, or relation, directly or indirectly, financial, or otherwise, with the marketing,

advertising and/or promotion of any Opioid or Opioid Products conducted and/or

directed by any manufacturer of Opioids or Opioid Products, from 1990 to the present.

If so, state the manufacturer, the date or dates of any such advertising, marketing and/or

promotion and the nature of your involvement.

RESPONSE: None

Interrogatory No. 21. Describe in detail all services You provided to payors

or any other Customer with respect to the reimbursement for any cost associated with

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the provision and/or sale and/or dispensing of Opioids or Opioid Products. For each such service or solution, provide:

- a. the Identity of the payor or Customer;
- b. whether the payor or Customer does business directly or indirectly in Cuyahoga and/or Summit Counties in Ohio; and
- the Identity of the Person or Persons responsible for the provision of said service or solution.

RESPONSE: None

Interrogatory No. 22. Describe any and all research, study, and/or efforts

You have undertaken or been associated with to understand the safety, efficacy,
diversion, prescription and/or use of Opioid or Opioid Products, from 1990 to the
present.

RESPONSE: We stay up to date with all licensing, accreditation, continuing education requirements and follow the FDA, DEA, and OSBP guidelines to understand the safety, efficacy, diversion, and/or use of Opiod or Opioid Products

Interrogatory No. 23. Describe any and all educational, information and/or other programs You have provided to any Customer and/or pharmacy/dispenser that You own and/or control or other Person, that address diversion, safety, efficacy, misuse and/or prescription of Opioids or Opioid Products, from 1990 to the present.

RESPONSE: See response to Interrogatory 13. Will supplement.

Interrogatory No. 24. Identify all internet pharmacies that You distributed

Opioids or Opioid Products to, and additionally provide the following information:

a. the Opioids or Opioid Products distributed; and

b. total sales and/or amount distributed by month and year for each Opioid or

Opioid Product from 1990 to present.

RESPONSE: None

Interrogatory No. 25. Describe any and all services, information and/or

recommendations that You provided to any Customer relating to the sale, prescription

filling, dispensing and/or reimbursement of any Opioid or Opioid Product relating to,

duration and/or dosing interval.

RESPONSE: There are no customers (as you define them) to whom we furnish

services.

Interrogatory No. 26. Please Identify for all Your subsidiaries, affiliates, etc.

who were involved in distributing Opioids or Opioid Products in the State of Ohio the

following;

a. Board of Directors;

b. Senior management;

c. Person in charge of detecting and preventing diversion;

- d. All Persons employed by that exact entity involved in detecting and preventing diversion;
- e. Total number of employees; and
- f. Address of each facility.

RESPONSE:

Discount Drug Mart, Inc.

- a. Donald Boodjeh, Douglas Boodjeh, David Boodjeh, John Gans, Thomas McConnell & Mike EBY.
 - b. Donald Boodjeh CEO
 Douglas Boodjeh COO
 John Gans President
 Michael Eby CFO
 Thomas McConnell CFO Emeritus
 - c. Peter Ratycz
- d. All pharmacy employees are responsible for detecting and preventing diversion.
 - e. Approximately 4050.
 - f. 211 Commerce Drive, Medina, OH 45256

Interrogatory No. 27. Describe the compensation system for all individuals whose compensation related to the sale or distribution of Opioids or Opioid Products. Please describe whether the compensation is a fixed salary and/or hourly or if it varies based upon volume and/or type of drugs sold and/or profitability.

RESPONSE: We have no employees with compensation tied to the sale or distribution of Opioid or Opioid Products. All employees in our Distribution

Center are either hourly or fixed salary with no incentives, bonuses, or raises (annual or merit) tied to the sale or distribution of Opioid or Opioid Products.

Describe any joint ventures, collaborations, co-Interrogatory No. 28.

marketing initiatives, teaming agreements, or other similar agreements between You and

any other Defendants in this matter.

RESPONSE: None

Interrogatory No. 29. Describe Your policies, procedures and systems in

place which are designed to capture reporting about state and federal compliance issues

relating to Opioids or Opioid Products. To the extent these changed over time, provide

dates of substantive changes or implementation dates for new programs, policies or

initiatives.

RESPONSE: See response to Interrogatory 13. Will supplement.

Interrogatory No. 30. Provide the names of employees or third parties who

reported to You, any suspicion or belief that You were in violation of the Controlled

Substances Act. For each such person provide the names, titles, dates of report and

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method used to report.

RESPONSE: None

STATE OF OHIO
)
)SS: VERIFICATION
COUNTY OF MEDINA
)

I, THOMAS MC CONNELL, being first duly sworn according to law, depose and state that I have read the foregoing Answers to Interrogatories the same are true to the best of my knowledge, information and belief.

THOMAS MC CONNELL

SWORN TO BEFORE ME and subscribed to in my presence, this 29^{TM} day of October, 2018.

NOTARY PUBLIC

MARCIA G. RAGER NOTARY PUBLIC, STATE OF OHIO COMMISSION EXPIRES JULY 6, 2020

As to all objections: /s/Timothy D. Johnson

Respectfully submitted,

/s/Timothy D. Johnson
Timothy D. Johnson (0006686)
Cavitch, Familo & Durkin Co. LPA
Twentieth Floor
1300 East Ninth Street
Cleveland, Ohio 44114
Telephone: 216-621-7860
Facsimile: 216-621-3415

E-mail: tjohnson@cavitch.com

Attorneys for Defendant Discount Drug

Mart, Inc.

CERTIFICATE OF SERVICE

A copy of the foregoing DISCOUNT DRUG MART, INC. RESPONSES TO PLAINTIFFS' FIRST SET OF INTERROGATORIES was sent via email this 29th day of October, 2018 to Liaison Counsel:

david@specialmaster.law

Liaison Counsel for Plaintiffs:

Peter Henry Weinberger SPANGENBERG SHIBLEY & LIBER LLP 1001 Lakeside Avenue East, Suite 1700 Cleveland, OH 44114-1149 (216) 696-3232 pweinberger@spanglaw.com

Steven J. Skikos SKIKOS CRAWFORD SKIKOS & JOSEPH One Sansome Street, Suite 2830 San Francisco, CA 94104

(415) 546-7300 sskikos@skikoscrawford.com

Troy A. Rafferty
LEVIN PAPANTONIO THOMAS MITCHELL RAFFERTY & PROCTOR PA
316 S. Baylen Street, Suite 600
Pensacola, FL 32502
(805) 435-7000
trafferty@levinlaw.com

Jeff Gaddy and Peter Mougey
Levin, Papantonio, Thomas, Mitchell,
Rafferty & Proctor, P.A.
316 S. Baylen Street, Suite 600
Pensacola, FL 32502-5996
jgaddy@levinlaw.com
pmougev@levinlaw.com

Plaintiffs' Discovery email: mdl2804discovery@motleyrice.com

Liaison Counsel for Defendants:

Mark Cheffo, Esq.
Quinn Emanuel
51 Madison Avenue
New York, NY 10010
markcheffo@quinnemanuel.com

Carol Rendon, Esq.
Baker Hostetler
Key Tower, 127 Public Square
Cleveland, OH 44114
crendon@bakerlaw.com

Enu Mainigi, Esq. Williams & Connolly 725 Twelfth Street, NW.

Washington, DC 20005 emainigi@wc.com

Shannon McClure, Esq.
ReedSmith
Three Logan Square
1717 Arch Street, Suite 3100
Philadelphia, PA 19103
smcclure@reedsmith.com

Geoffrey E. Hobart, Esq. Covington & Burling One CityCenter 850 Tenth Street, NW. Washington, DC 20001 ghobart@cov.com

Kaspar Stoffelmayr, Esq.
Bartlit Beck
54 West Hubbard Street, Ste 300
Chicago, IL 60654
Kaspar.stoffelmayr@bartlit-beck.com

Tina Tabacchi, Esq.
Jones Day
77 West Wacker Drive
Chicago, IL 60601
tmtabacchi@jonesday.com

Tyler Tarney, Esq.
Gordon & Rees
41 S. High Street, Suite 2495
Columbus, OH 43215
ttarney@grsm.com

ALL DEFENDANTS SERVICE is Defendants, xALLDEFENDANTS-MDL2804-Service@arnoldporter.com

/s/Timothy D. Johnson

Timothy D. Johnson (0006686)